

MAR 19 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6074

1. PLACE OF DEATH

County Howard

Registration District No. 378

File No.

Township

Primary Registration District No. 4222

Registered No. 10

City Fayette, Mo.

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
"white"

5. SINGLE, MARRIED, WIDOWED, OR
Divorced (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

#

3/27th 1847

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE 89 YEARS

10 MONTHS

29 DAYS

IF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year).....

11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN).....Missouri.
(STATE OR COUNTRY)

13. NAME

William Jones,

14. BIRTHPLACE (CITY OR TOWN).....Virginia,
(STATE OR COUNTRY)

15. MAIDEN NAME Katherine Hudnell,

16. BIRTHPLACE (CITY OR TOWN).....Virginia,
(STATE OR COUNTRY)

17. INFORMANT Mrs Arch Thurman,
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Howard Co.

DATE 2/28th 1937

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED 3-2-37 V. P. Buchanan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26th 1937, 19

22. HEREBY CERTIFY, That I attended deceased from
Feb 15, 1937, to 2-26, 1937

I last saw him alive on 2-26, 1937. Death is said

to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Acute edema of larynx
1860

Date of onset

2-23-37

Other contributory causes of importance:

Hypostatic pneumonia
fracture of rib

Name of operation

Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

W. Bloom
Fayette, Mo.

194 B1

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Howard

Registration District No. 376

Township Fayette

Primary Registration District No. 4222

City Fayette (No.)

File No. 6074

Registered No. 10

St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

89

10

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

3-2 1937 V. C. Bonham
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/26 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 15 1937 to

last saw him alive on 19..... Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Hypertension
fracture of rib

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide~~, or homicide? NO Date of injury 2-20 1937

Where did injury occur? Faded m.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall from top of rib

Nature of injury Fracture of rib

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Blount M. D.

(Address) Fayette

5-6074